

TOP A

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| 1. NAME AND NUMBER OF THE DRAKE FORM THAT YOU ARE FURNISHING | | 2. DATE OF DETERMINING TRAVEL | |
| 3. ADDRESS OF APPOINTED AGENT OR PERSONNEL | | 4. ADDRESS OF APPOINTED AGENT OR PERSONNEL | |
| (Last-First-Middle) | | (Last-First-Middle) | |
| 5. RESIDENCE DATA AND RESIDENCE WHEN APPOINTED | | | |
| 6. RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) | | | |
| 7. CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE | | | |
| 8. MARITAL STATUS | | | |
| 9. MARRIED. INDICATE PLACE OF MARRIAGE | | DATE OF MARRIAGE | |
| 10. DIVORCED. PLACE OF DIVORCE DECREE | | DATE OF DECREE | |
| 11. WIDOWED. INDICATE PLACE SPOUSE DIED | | DATE SPOUSE DIED | |
| 12. IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S) | | | |
| 13. MEMBERS OF FAMILY | | | |
| NAME OF SPOUSE | | ADDRESS (No., Street, City, Zone, State) | |
| NAME OF CHILDREN | | ADDRESS | |
| NAME OF FATHER (Or male guardian) | | ADDRESS | |
| NAME OF MOTHER (Or female guardian) | | ADDRESS | |
| 14. WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? | | | |
| 15. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | | | |
| NAME (Mr., Mrs., Miss) (Last-First-Middle) | | RELATIONSHIP | |
| HOME ADDRESS (No., Street, City, Zone, State) | | HOME TELEPHONE NUMBER | |
| BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE | | BUSINESS TELEPHONE & EXTENSION | |
| 16. IS THE INDIVIDUAL NAMED ABOVE HAVING OF YOUR AGENCY AFFILIATION? | | | |
| <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| 17. IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? | | | |
| <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| 18. DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? | | | |
| <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| 19. THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 7 ON THE REVERSE SIDE OF THIS FORM. | | | |
| 20. VOLUNTARY ENTRIES | | | |
| 21. INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS | | | |
| 22. CONTINUED ON REVERSE SIDE | | | |
| 23. CURRENT RESIDENCE AND DEPENDENCY REPORT | | | |

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(CONTINUED)

IN WHICH NAME(S) ARE THE ACCOUNTS LISTED?

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. IF "YES", WHERE IS DOCUMENT LOCATED?

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

SIGNATURE

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